MASSACHUSETTS GENERAL HOSPITAL
CENTER FOR INTEGRATED DIAGNOSTICS
DIAGNOSTIC MOLECULAR PATHOLOGY LABORATORY
55 FRUIT STREET, GRJ-1015
BOSTON, MA 02114
www.massgeneral.org/pathology/cid

BILLING, SPECIMEN SUBMISSION, TESTING STATUS QUESTIONS: **617-724-1285**
TECHNICAL QUESTIONS: **617-643-2716**
FAX: **617-643-1623**

MOLECULAR DIAGNOSTICS REQUISITION

- **Label both the containers and this requisition with patient's name and ID**
- **Mislabeled specimens will not be accepted**

Date:	Location and Phone

Patient Identification are requirements:
FULL NAME, MEDICAL RECORD NUMBER, SEX, DATE OF BIRTH

Date Collected:	Time Collected:	Completed by:	
Requesting Physician Name (required):		**MGH Provider #** ☐☐☐☐☐☐	**Diagnosis/Differential Dx (required):**
Requesting Clinician Signature (required):		**CLINICIAN:** for tests indicated with an asterisk (*), please initial to attest that informed consent for testing has been obtained and documented in the patient's medical record. **Requesting Clinician's Initials (required for *):** _____	
Path Resident (if applicable):		Pathology Staff:	PATHOLOGY LAB LABEL HERE
Sample Origin (Institution, City, State, Phone)		**Specimen Number/ID:**	
		Block ID/Slides:	
BILLING: ☐ ROUTINE ☐ GLOBAL ☐ OTHER		Private Consult Case: ☐ YES ☐ NO	Requesting the services below acknowledges an H&E review for sample adequacy. An interpretive report will be provided unless this box is checked ☐

ATTENTION: REQUIRED FOR ALL OUTPATIENTS – ALL APPLICABLE ICD-10 CODES (DX or SIGNS AND SYMPTOMS) FOR EACH TEST ORDERED. IF CODE(S) UNKNOWN, GO TO http://www.icd10data.com, OR PROVIDE TEXT ABOVE.

☐☐☐.☐☐ ☐☐☐.☐☐ ☐☐☐.☐☐

All test requests on surgical pathology specimens must include a surgical pathology report and diagnosis/indication. For outside specimens, please list outside specimen number/ID and origin.

TISSUE-BASED TESTING

For **non-MGH** requests include:
- FISH: H&E and 4 unstained 5 µm slides. Submit 2 additional unstained 5 µm slides for each additional FISH test.
- NGS/Non-NGS genotyping: H&E and 10 unstained 5 µm thick slides, unless otherwise noted.
- Consult Requisition Supplement for shipping information.

For **MGH** requests: the lab will obtain slides.

FISH

☐ ALK
☐ ROS1
☐ RET
☐ EGFR
☐ MET
☐ FGFR1
☐ 1p/19q
☐ MYC/c-MYC
☐ BCL2
☐ BCL6
☐ HER2 (breast; WHO/ASCO 2018)
☐ HER2 (non-breast)
☐ Ewing's Sarcoma (EWSR1)
☐ Myxoid Liposarcoma DDIT3 (CHOP)
☐ Synovial Sarcoma SS18 (SYT)
☐ Alveolar Rhabdomyosarcoma FOXO1 (FKHR)
☐ PDGFRA
☐ KRAS
☐ PIK3CA
☐ CDKN2A

Genotyping

NEXT GENERATION SEQUENCING (NGS) PANELS

NGS SOLID TUMOR

☐ NGS Solid Tumor Snapshot v2 (SNV/InDels/CNV); **consent req***
☐ NGS Solid Fusion Assay v3 (ALK, ROS1, NTRK1/2/3, RET, MET, FGFR1/2/3, BRAF, NUTM1, MAML2, NRG1 and others) *
☐ NGS Sarcoma Fusion Assay v1

NGS CELL FREE SNAPSHOT TESTING

☐ NGS cell-free Snapshot v1 (lung and breast) **consent req***
☐ NGS cell-free Snapshot v1 (GI) **consent req***
If submitting blood for cell free snapshot use 2 Streck tubes

HEMATOLOGY/LEUKEMIA

☐ HemeSnapshot v3 (SNV/InDels/CNV); **consent req***
☐ HemeFusion assay v3
If submitting blood or bone marrow for SNaPshot, submit 3 mL EDTA/purple top tube: **CORE**: place in **FRIDGE** for Molecular/J10

NON-NGS GENOTYPING

☐ Rapid BRAF (tissue: codon V600E/E2/D, V600K/R/M)
☐ Rapid IDH1/IDH2 (blood, tissue)
☐ Rapid EGFR Assay (tissue: MGH patients *only*)
☐ FLT3 (ITD)/ NPM1
☐ JAK2/CALR
☐ MLH1 Promoter Methylation
☐ MGMT Promoter Methylation
☐ Mismatch repair test: ☐IHC(default) ☐IHC+PCR ☐ PCR

Submit slides and H&E for BOTH tumor and normal tissues. When requesting PCR submit blood for normal control 3 mL EDTA/purple top tube: **CORE**: place in **FRIDGE** bin for Molecular/J10

BLOOD-BASED TESTING
TO BE DELIVERED TO CORE LAB, GRAY 5

☐ **Array CGH*** **(documentation of consent required)**
CORE: place in **FRIDGE** bin for Molecular/Jackson 10

Submit 3 mL EDTA/purple top tube. Testing should only be ordered by a medical geneticist/genetic counselor. Please note that aCGH on prenatal samples is a send out test and will not be performed at MGH.

- Specify: ☐ Proband ☐ Family (specify relationship to the Proband in Notes section)
- Specify ICD-9 code below or in notes section:

☐ Multiple Congen. anomalies, NOS (759.7)
☐ Hypotonia, congenital (779.89)
☐ Dysmorphic Features (744.89)
☐ Delayed Milestones (783.42)
☐ Failure to Thrive (783.41)
☐ Macrocephaly (742.4)
☐ Microcephaly (742.1)
☐ CHD, unspecified (746.9)
☐ Cleft palate, unspecified (749.00)
☐ Cleft lip, unspecified (749.10)
☐ Skeletal anomalies, OS (756.0)
☐ PDD - NOS (299.90)
☐ Autism (299.00)

☐ **Hemochromatosis*** **(documentation of consent required)**
CORE: place in **FRIDGE** bin for Molecular/Jackson 10
- Submit 3 mL EDTA/purple top tube.

☐ **Chimerism*** **(documentation of consent required)**
CORE: place in **ROOM TEMP** bin for Molecular/Jackson 10
- Submit 2 ACD/yellow top tubes (PSoft Item ID #20303, BD tube ref #364606)

☐ Pre-transplant STR Genotyping
☐ Post-transplant Chimerism (requires pre-transplant genotyping)
Specify: ☐ **Blood** ☐ **Bone Marrow**

- Specify ICD-9 code below or in the ICD-9 section above:

☐ ALL, not having achieved remission, or failed (204.00)
☐ AML, not having achieved remission, or failed (205.00)
☐ Anemia, unspecified (285.9)
☐ Aplastic Anemia, other specified, other than constitutional (284.89)
☐ Aplastic Anemia (284.9)
☐ CLL, not having achieved remission, or failed (204.10)
☐ CML, not having achieved remission, or failed (205.10)
☐ Hodgkin's Lymphoma, site unspecified (201.90)
☐ Lymphoma – Non-Hodgkin's / B Cell / CNS, site unspecified (202.80)
☐ Lymphoma, Mantel cell, site unspecified (200.40)
☐ Multiple Myeloma, not having achieved remission, or failed (203.00)
☐ Myelodysplastic Syndrome, unspecified (238.75)
☐ Myelofibrosis, unspecified (289.83)
☐ T cell lymphoma, site unspecified (202.10)

Other/Notes: